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APPLICANTS

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** COUNTRY DATA *****

** FILING APPLICATIONS *****

IF DESIRED, FOREIGN FILING LICENSE GRANTED

** (GPO) 1/04

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|------------------------|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Filing License | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY OK | SHEETS DRAWING 5 | TOTAL CLAIMS 29 | INDEPENDENT CLAIMS 4 |
| Met after Allowance | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | | | | |
| Applicant's Signature | Initials | | | | |

ADDRESS
245
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DATE
Description of transferring system and method of use

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No. _____ for following:

| |
|--|
| <input type="checkbox"/> All Fees |
| <input type="checkbox"/> 1.16 Fees (Filing) |
| <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |
| <input type="checkbox"/> 1.18 Fees (Issue) |